	According to the calculations required by this statement:
Joseph Eugene Sikora Jr. & Kristie Lee	The applicable commitment period is 3 years.
In re	The applicable commitment period is 5 years.
10 24262	Disposable income is determined under § 1325(b)(3).
Case Number: 12-31262	Disposable income not determined under § 1325(b)(3).
(If known)	(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REPOR	T OF INCOME				
	a. 🔲	/filing status. Check the box that applies and comp Unmarried. Complete only Column A ("Debtor's Married. Complete both Column A ("Debtor's Inc	Income") for Lines 2-10.				
1	six caler before the	res must reflect average monthly income received findar months prior to filing the bankruptcy case, enche filing. If the amount of monthly income varied the six-month total by six, and enter the result on the	ling on the last day of the month during the six months, you mus	1		Column A Debtor's Income	Column B Spouse's Income
2	Gross v	vages, salary, tips, bonuses, overtime, commissio	ns.		\$	309.31	\$ 3,652.13
3	and enter business Do not e	from the operation of a business, profession or the difference in the appropriate column(s) of Lires, profession or farm, enter aggregate numbers and enter a number less than zero. Do not include any on Line b as a deduction in Part IV.	ne 3. If you operate more than operated more than o	ne			
	a.	Gross receipts	\$ 0.00				
	b.	Ordinary and necessary business expenses	\$ 0.00				
	c.	Business income	Subtract Line b from Line a		\$	0.00	\$ 0.00
	the appr	nd other real property income. Subtract Line b f opriate column(s) of Line 4. Do not enter a numbe the operating expenses entered on Line b as a de	r less than zero. Do not includ				
4	a.	Gross receipts	\$ 6,690.00				
	b.	Ordinary and necessary operating expenses	\$ 609.99				
	c.	Rent and other real property income	Subtract Line b from Line a		\$	6,080.01	\$ 0.00
5	Interest	, dividends and royalties.			\$	0.00	\$ 0.00
6	Pension	and retirement income.			\$	0.00	\$ 0.00
7	expense purpose debtor's	so of the debtor or the debtor's dependents, included. Do not include alimony or separate maintenance spouse. Each regular payment should be reported Column A, do not report that payment in Column	ding child support paid for the payments or amounts paid by t in only one column; if a payme	he	s	0.00	\$ 0.00

			1
	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a		
	benefit under the Social Security Act, do not list the amount of such compensation in Column A		
8	or B, but instead state the amount in the space below:		
	Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$	\$ 0.00	\$ 0.00
	Income from all other sources. Specify source and amount. If necessary, list additional	Ψ	Ψ
	sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate</b>		
	maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or		
9	payments received as a victim of a war crime, crime against humanity, or as a victim of		
	international or domestic terrorism.		
	a. \$ 0.00		
	b.   \$ <b>0.00</b>	\$ 0.00	\$ 0.00
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$ 6,389.32	\$ 3,652.13
	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and		
11	enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$	10,041.45
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PER	RIOD	
12	Enter the Amount from Line 11.		\$ 10,041.45
	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you		
	calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT pai		
	regular basis for the household expenses of you or your dependents and specify, in the lines below	v, the basis	
	for excluding this income (such as payment of the spouse's tax liability or the spouse's support of other than the debtor or the debtor's dependents) and the amount of income devoted to each purpo		
	necessary, list additional adjustments on a separate page. If the conditions for entering this adjust		
13	apply, enter zero.		
	a. \$ <b>0.00</b>		
	b. \$ <b>0.00</b>		
	[ c.   \$ 0.00		
	Total and enter on Line 13.		\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.		\$ 10,041.45
15	<b>Annualized current monthly income for §1325(b)(4).</b> Multiply the amount from Line 14 by the 12 and enter the result.	number	\$120,497.40
	Applicable median family income. Enter the median family income for the applicable state and how		
16	size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the court.)	bankruptcy	
	a. Enter debtor's state of residence: b. Enter debtor's household size:	2	\$ 59,794.00
	Application of \$1325(b)(4). Check the applicable box and proceed as directed.		30,101100
	The amount on Line 15 is less than the amount on Line 16. Check the box for "The applic	able commitme	ent period is
17	3 years" at the top of page 1 of this statement and continue with this statement.		1
	The amount on Line 15 is more than the amount on Line 16. Check the box for "The app	olicable commit	ment period
	is 5 years" at the top of page 1 of this statement and continue with this statement.		
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSA	BLE INCO	ME
18	Enter the Amount from Line11.		\$ 10,041.45

				3
19	Marital adjustment. If you are marr of any income listed in Line 10, Colum of the debtor or the debtor's dependent income (such as payment of the spous or the debtor's dependents) and the an adjustments on a separate page. If the a.  b. c.  Total and enter on Line 19.	nn B that was NOT paid on a regula is. Specify, in the lines below, the base's tax liability or the spouse's suppount of income devoted to each pur	ar basis for the household expenses basis for excluding the Column B ort of persons other than the debto rpose. If necessary, list additional	S
20	Current monthly income for §1325	<b>(b)(3).</b> Subtract Line 19 from Line	18 and enter the result.	\$ 10,041.45
21	Annualized current monthly incon number 12 and enter the result.	e for §1325(b)(3). Multiply the an	nount from Line 20 by the	\$ 120,497.40
22	Applicable median family income.	Enter the amount from Line 16.		\$ 59,794.00
23	under §1325(b)(3)" at the top of j	than the amount on Line 22. Chage 1 of this statement and completore than the amount on Line 22. the top of page 1 of this statement	eck the box for "Disposable income te the remaining parts of this state." Check the box for "Disposable in	ment.  ncome is not
	Part IV. CALC	ULATION OF DEDUCTION	ONS FROM INCOME	
	Subpart A: Deduction	s under Standards of the In	ternal Revenue Service (IR	<b>S</b> )
24A	National Standards: food, apparel a miscellaneous. Enter in line 24A the Expenses for the applicable number of the clerk of the bankruptcy court.) The allowed as exemptions on your federal whom you support.	"Total" amount from IRS National f persons. (This information is available applicable number of persons is	I Standards for Allowable Living lable at www.usdoj.gov/ust/ or fro the number that would currently be	
24B	National Standards: health care. E of-Pocket Health Care for persons und of-Pocket Health Care for persons 65 www.usdoj.gov/ust/ or from the clerk persons who are under 65 years of age years of age or older. (The applicable that would currently be allowed as excadditional dependents whom you suppunder 65, and enter the result in Line and older, and enter the result in Line the result in Line 24B.	er 65 years of age, and in Line a2 to years of age or older. (This information the bankruptcy court.) Enter in lay, and enter in Line b2 the applicable number of persons in each age cate mptions on your federal income taxort.) Multiply line a1 by Line b1 to 1. Multiply Line a2 by Line b2 to c2. Add Lines c1 and c2 to obtain a	the IRS National Standards for Out ation is available at Line b1 the applicable number of enumber of persons who are 65 egory is the number in that category are turn, plus the number of any to obtain a total amount for persons obtain a total amount for persons of a total health care amount, and enter	y s 555
	Persons under 65 years of age  a1. Allowance per person	Persons 65 years of  60.00 a2 Allowance per		
	a1. Allowance per person  b1 Number of persons	<ul><li>60.00 a2. Allowance per</li><li>b2. Number of per</li></ul>	F	
	c1. Subtotal	120.00 c2. Subtotal	0.00	\$ 120.00
25A	Local Standards: housing and utilit Utilities Standards; non-mortgage expavailable at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or froconsists of the number that would cur the number of any additional dependent	enses for the applicable county and m the clerk of the bankruptcy cour ently be allowed as exemptions on	family size. (This information is t.) The applicable family size	

				_	· 
25B	IRS Housing and Utilities is available at <a href="https://www.usdoj.yconsists">www.usdoj.yconsists</a> of the number that the number of any addition Monthly Payments for any	g and utilities; mortgage/rent expense. Enter Standards; mortgage/rent expense for your congov/ust/ or from the clerk of the bankruptcy of twould currently be allowed as exemptions of the allowed as exemptions of the debts secured by your home, as stated in Lings. Do not enter an amount less than zero.	ounty and family size (this informatio ourt) (the applicable family size n your federal income tax return, plu Line b the total of the Average	n s	
	a.   IRS Housing and U	Jtilities Standards; mortgage/rental expense	\$ 964.00		
		Payment for any debts secured by your home, Line 47			
	c. Net mortgage/renta	al expense	Subtract Line b from Line a.	\$	964.00
26	and 25B does not accurate	g and utilities; adjustment. If you contend the compute the allowance to which you are entry additional amount to which you contend you below:	ntitled under the IRS Housing and	r  \$	0.00
27A	expense allowance in this regardless of whether you Check the number of vehicare included as a contribut If you checked 0, enter on Transportation. If you checked Local Standards: Transpor	ortation; vehicle operation/public transportation; vehicle sof whether you pay the exuse public transportation.  cles for which you pay the operating expenses ion to your household expenses in Line 7.  Line 27A the "Public Transportation" amount cked 1 or 2 or more, enter on Line 27A the "Catation for the applicable number of vehicles in Region. (These amounts are available at <a href="https://www.www.upun.check.org/">www.www.upun.check.org/</a>	MIDWEST REGION  s or for which the operating expenses  0 1 2 or more.  t from IRS Local Standards:  Operating Costs" amount from IRS  n the applicable Metropolitan		212.00
27B	expenses for a vehicle and additional deduction for yo	ortation; additional public transportation of also use public transportation, and you content public transportation expenses, enter on L. I. Standards: Transportation. (This amount is a ruptcy court.)	nd that you are entitled to an ine 27B the "Public Transportation"	\$	0.00
28	which you claim an owner two vehicles.)   Enter, in Line a below, the (available at <a href="https://www.usdoj.gg">www.usdoj.gg</a> Average Monthly Paymen Line a and enter the result	characteristic of the bankruptcy costs for any debts secured by Vehicle 1, as state in Line 28. Do not enter an amount less that standards, Ownership Costs	IRS Local Standards: Transportation purt); enter in Line b the total of the d in Line 47; subtract Line b from an zero.  \$ 517.00	1	

38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$ 3,530.80
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunications services other than your basic home telephone and cell phone service – such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$ 0.00
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$ 80.00
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$ 0.00
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ 0.00
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 49.	\$ 0.00
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$ 28.36
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$ 0.00
30	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>	\$ 593.44
	C. Not own auchin/lagge evenues for Vehicle 2. Subtract Line h from Line o	\$ 0.00
	a. IRS Transportation Standards, Ownership Costs \$ 517.00  b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$ 0.00	
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b>	

			*See cont. pg for additional deb	Total: Ada			\$	5,414.00
	c.	First Collinsville Bank	886-88 Lester Avenue	+		yes no		
	+	First Collinsville Bank	858-60 Lester Avenue	<del>                                     </del>		yes no		
47	a.	Name of Creditor  First Collinsville Bank	Property Securing the Debt  875-77 Lester Avenue	Averag Month Payme	ly in ent in	oes payment aclude taxes or asurance?		
	you Payı total filin	own, list the name of creditoment, and check whether the lof all amounts scheduled as g of the bankruptcy case, div of the Average Monthly Pay	nims. For each of your debts that is so, identify the property securing the opayment includes taxes and insurance contractually due to each Secured Contractual due to each Secured due to each Se	ecured by an lebt, and state e. The Average reditor in the nal entries on	interest in e the Avera ge Monthly 60 months a separate	age Monthly y Payment is the s following the page. Enter the		
40			Subpart C: Deductions for D				Ф	123.10
46			ctions under § 707(b). Enter the total				\$ \$	0.00
	char	ritable contributions in the for	or the amount reasonably necessary from of cash or financial instruments to to include any amount in excess of	a charitable	organizati	on as defined in		
44	cloth Nati	hing expenses exceed the contonal Standards, not to exceed	spense. Enter the total average monthabined allowances for food and clothabined allowances for those combined allowances. Elerk of the bankruptcy court.) You nund necessary.	ing (apparel a (This informa	and service ation is ava	es) in the IRS ailable at	\$	0.00
43	actu scho <b>doc</b> i	ally incur, not to exceed \$147 ool by your dependent childre umentation of your actual e	ent children under 18. Enter the tota 7.92* per child, for attendance at a pin less than 18 years of age. You must explain why accounted for in the IRS Standard	ivate or publications of the control	ic element our case tr	ary or secondary ustee with	\$	0.00
	Stan case	dards for Housing and Utiliti	otal average monthly amount, in exce es that you actually expend for home on of your actual expenses, and you and necessary.	e energy costs	s. <b>You mu</b> s	st provide your	\$	0.00
	actu	ally incur to maintain the safe	nce. Enter the total average reasonable ty of your family under the Family nature of these expenses is required	Violence Prev	vention and	d Services Act or	\$	0.00
40	mon elde	thly expenses that you will c rly, chronically ill, or disable	care of household or family member ontinue to pay for the reasonable and d member of your household or men Do not include payments listed in	l necessary can ber of your i	are and sup	port of an	\$	0.00
	If you	ce below: \$ <b>200.00</b>	nis total amount, state your actual to			-	\$	123.10
39	c		nt		07.50	_		
	a b			\$	9.50 6.10	-		
	-	dependents.	in lines a-c below that are reasonable			f, your spouse, or		
	expe	enses in the categories set out	surance, and Health Savings According in lines a-c below that are reasonable					

	of your dependents, you may a must pay the creditor in addition perty. The cure amount would or foreclosure. List and total any	any of debts listed in Line 47 are sec sary for your support or the support of amount (the "cure amount") that you er to maintain possession of the prop paid in order to avoid repossession of	otor vehicle, or other property necessude in your deduction 1/60th of any the payments listed in Line 47, in ordude any sums in default that must be	a mo	10
	separate page.  1/60th of the Cure Amount	Property Securing the Debt	h amounts in the following chart. If  Name of Creditor	such	48
	\$ 222.30	875-77 Lester Avenue	First Collinsville Bank	a.	
	199.43	858-60 Lester Avenue	First Collinsville Bank	b.	
	\$ 187.33	886-80 Lester Avenue	First Collinsville Bank	c.	
853.88	\$ Total: Add Lines a, b and c	See cont. pg for additional debts			48
353.29	\$ he time of your bankruptcy filing.		ority tax, child support and alimony ont include current obligations, su	prio <b>Do</b> 1	49
	amount in Line b, and enter the	Multiply the amount in Line a by the	apter 13 administrative expenses. ulting administrative expense.		
	\$ 0.00	pter 13 plan payment.	Projected average monthly Cha	a.	
	5.1 %	ve Office for United States vailable at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	Current multiplier for your dist schedules issued by the Execut Trustees. (This information is a or from the clerk of the bankru	b.	50
0.00	\$ Total: Multiply Lines a and b	e expense of Chapter 13 case	Average monthly administrativ	c.	
6,621.17	\$ 0.	Enter the total of Lines 47 through 50	al Deductions for Debt Payment.	Tota	51
	ncome	bpart D: Total Deductions from In	Sı		
10,275.07	\$ l.	Enter the total of Lines 38, 46, and 51	al of all deductions from income.	Tota	52
	OME UNDER § 1325(b)(2)	ION OF DISPOSABLE INC	Part V. DETERMINAT		
10,041.45	\$	the amount from Line 20.	al current monthly income. Enter	Tota	53
0.00	\$ ed in accordance with applicable	erage of any child support payments, d, reported in Part I, that you received ably necessary to be expended for such	ability payments for a dependent chi	disa	54
0.00	\$	er the monthly total of (a) all amount rement plans, as specified in § 541(b) ns, as specified in § 362(b)(19).		wag	55
10,275.07	\$ Line 52.	§ 707(b)(2). Enter the amount from 1	al of all deductions allowed under	Tota	56
	and the resulting expenses in lines expenses and enter the total in ses expenses and you must	If there are special circumstances that describe the special circumstances a ntries on a separate page. Total the extrustee with documentation of these special circumstances that make su	ch there is no reasonable alternative below. If necessary, list additional of e 57. You must provide your case wide a detailed explanation of the	which a-c l Line prov	
			sonable.	reas	
	Amount of expense	umstances	sonable.  Nature of special circ	reas	57
	Amount of expense	umstances	1	a.	57
	<u> </u>	umstances	1		57
	\$	umstances	1	a.	57

(Joint Debtor, if any)

58	Total	l adjustments to determine disposable income. Add t esult.	he amounts on Lines 54, 55,	, 56 and 57 and enter	\$	10,275.07
59	Mon	thly Disposable Income Under § 1325(b)(2). Subtrac	t Line 58 from Line 53 and	enter the result.	\$	-233.62
		Part VI: ADDITIONA	L EXPENSE CLAIM	S		
60	and v	er Expenses. List and describe any monthly expenses, a welfare of you and your family and that you contend short § 707(b)(2)(A)(ii)(I). If necessary, list additional sour hly expense for each item. Total the expenses.  Expense Description  Total: Add Lin	ould be an additional deduct rees on a separate page. All	tion from your current	mon	thly income
		Part VII: VE	RIFICATION			
61	both	lare under penalty of perjury that the information providebtors must sign.)  Date: 12/07/12 Signature:  Date: 12/07/12 Signature:	/s/ Joseph Eugene Sik  (Debtor)  /s/ Kristie Lee Sikora	•	ioint —	case,

	Form	22 Contir	nuation Sheet		
Income Month 1			Income Month 2		
Gross wages, salary, tips	0.00	3,652.13	Gross wages, salary, tips	0.00	3,652.1
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	6,080.01	0.00	Rents and real property income	6,080.01	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
Income Month 3			Income Month 4		
Gross wages, salary, tips	0.00	3,652.13	Gross wages, salary, tips	1,285.49	3,652.1
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	6,080.01	0.00	Rents and real property income	6,080.01	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
Income Month 5			Income Month 6		
Gross wages, salary, tips	570.40	3,652.13	Gross wages, salary, tips	0.00	3,652.1
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	6,080.01	0.00	Rents and real property income	6,080.01	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
	Additional	l Items as	Designated, if any		
Line 47: First Collinsville Bank	130	5-07 Lester Ave	enue	1,357.00	
Line 48: First Collinsville Bank	130	5-07 Lester Ave	enue	244.81	
		Rema	rks		

## CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME (AMENDED) was served by CM/ECF Notice or by mailing same, sufficient first-class postage pre-paid, on this the 7th day of December, 2012, to the following:

Office of the United States Trustee Becker Building, Room 1100 401 Main Street Peoria, IL 61602

Russell C. Simon, Esq. Chapter 13 Trustee 24 Bronze Pointe Swansea, IL 62226

LAW OFFICE OF R. GREGORY LATHRAM, ESQ.

/s/ R. Gregory Lathram

Robert Gregory Lathram
203 West Main Street
Collinsville, IL 62234
618.345.4600 Telephone
618.345.4603 Facsimile
glathram@bankruptcylawyers-metroeast.com

ATTORNEYS FOR DEBTORS

CMI - Amendment 01